

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

10 JAN 28 PM 3: 59

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends of Metro Parks						Registration Number, if PACS N/A	
Full Name of Candidate N/A							
Street Address 1155 Woodman Drive				Office Sought N/A		District N/A	
City Worthington				State O H		Zip Code 43085	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year		
	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election 0 5 0 5 0 9			

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Amount carried forward from last report	\$ 10,355.01
2. Total monetary contributions (From Form No. 31-A)	\$ 3,000.00
3. Total other receipts (From Form No. 31-A)	\$ 200.00
4. Funds available (Sum of lines 1, 2, 3)	\$ 13,555.01
5. Total monetary expenditures (From Form No. 31-B)	\$ 140.15
6. Balance forward (line 4 minus line 5)	\$ 13,414.86
7. Value of in-kind contributions received (From Form No. 31-C)	\$
8. Value of in-kind contributions made (From Form No. 31-C)	\$
9. Outstanding loans owed by committee (From Form No. 31-D)	\$
10. Outstanding debts owed by committee (From Form No. 31-E)	\$
11. Outstanding loans owed to committee (From Form No. 31-F)	\$
12. Value of independent expenditures made (From Form No. 31-G)	\$
13. For Electronic Filing Entries only	\$
Sum of lines 2, 4 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

J. B. Hadden, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

1/28/10
Date

Contribution
pages **1**

Expenditure
pages **1**

Other
pages **3**

Total
pages **5**

Statement of Contributions Received

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Name of Committee in Full Friends of Metro Parks									
Full Name of Contributor Civil & Environmental Consultants Inc.						Registration Number, if PAC			
Street Address 8740 Orion Place, Suite 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc) Check		
City Columbus			State O H		Zip Code 43240		M D Y 0 7 0 8 0 9		Amount 500.00
Full Name of Contributor Limitedbrands						Registration Number, if PAC			
Street Address Two Limited Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc) Check		
City Columbus			State O H		Zip Code 43230		M D Y 0 7 1 4 0 9		Amount 2,500.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc)		
City			State		Zip Code		M D Y		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear [R C 3517 10(B)(4)]

Page Total \$ 3,000.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Metro Parks						
Full Name Huntington Merchant Services				Registration Number, if PAC		
Address 41 South High Street	Type* R E		M 0 7	D 2 0	Y 0 9	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Acct credit			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made

Page Total \$ 200.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Metro Parks												
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	6	1	5	0	9	20.00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	7	1	5	0	9	20.15
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	8	1	7	0	9	20.00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	9	1	5	0	9	20.00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	0	1	5	0	9	20 00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	1	1	6	0	9	20.00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	2	1	5	0	9	20.00
Address 41 South High Street				Purpose Monthly checking account fee								
City Columbus				State O H		Zip Code 43215		Check Number N/A				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				